



The Aldo Della Croce Memorial Scholarship

Application Form (please print clearly)

Applicant Name: _____
First Middle Last

Address: _____
Street, City, State, Zip Code

Applicant's Signature Date

Expected date of applicant's 8th grade graduation: _____

Parent or Guardian name, email address, and phone number:

Italia-America Bocce Club member in good standing signature and relationship to the applicant:

Member's name Relationship to applicant Date

office use only code: _____